

FORM 1 VOLUNTARY PETITION

United States Bankruptcy Court		VOLUNTARY PETITION	
District of			
IN RE (Name of debtor. If individual, enter Last, First, Middle) Tonya KEY		NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle)	
ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden and trade names) NONE		ALL OTHER NAMES used by the joint debtor in the last 6 years (Include married, maiden and trade names.)	
SOC. SEC./TAX I.D. NO. (If more than one, state all) 149-62-6187		SOC. SEC./TAX I.D. NO. (If more than one, state all)	
STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 4 Quentin Avenue New Brunswick, NJ 08901		STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip)	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Middlesex		COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS	
MAILING ADDRESS OF DEBTOR (If different from street address) same		MAILING ADDRESS OF JOINT DEBTOR (If different from street address)	
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above) same		Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days <input checked="" type="checkbox"/> immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District. <input type="checkbox"/>	

INFORMATION REGARDING DEBTOR (Check applicable boxes)

TYPE OF DEBTOR <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> Other _____ NATURE OF DEBT <input checked="" type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below A. TYPE OF BUSINESS (check one box) <input type="checkbox"/> Farming <input type="checkbox"/> Transportation <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing/ Mining <input type="checkbox"/> Construction <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Real Estate <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Other Business B. BRIEFLY DESCRIBE NATURE OF BUSINESS 	CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding FILING FEE (Check one box) <input type="checkbox"/> Filing fee attached. <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b), see Official Form No. 3 NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Anna C. Little, Esq. 300 Kimball St, ste 106, Woodbridge, NJ 07095 Telephone No. 732-636-4901 NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR Anna C. Little, Esq. <input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not represented by an attorney: ()
STATISTICAL ADMINISTRATIVE INFORMATION (28 U.S.C. § 604) (Estimates only) (Check applicable boxes) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that after any exempt property is excluded, expenses paid, there will be no funds available for distribution.	

<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that after any exempt property is excluded, expenses paid, there will be no funds available for distribution.			
ESTIMATED NUMBER OF CREDITORS			
<input checked="" type="checkbox"/> 1-15	<input type="checkbox"/> 16-49	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-199
ESTIMATED ASSETS (in thousands of dollars)			
<input checked="" type="checkbox"/> Under 50	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-499	<input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999
ESTIMATED LIABILITIES (in thousands of dollars)			
<input checked="" type="checkbox"/> Under 50	<input type="checkbox"/> 50-99	<input type="checkbox"/> 100-499	<input type="checkbox"/> 500-999 <input type="checkbox"/> 1000-9999
ESTIMATED NUMBER OF EMPLOYEES - CH 11 & 12 ONLY			
<input type="checkbox"/> 0	<input type="checkbox"/> 1-19	<input type="checkbox"/> 20-99	
ESTIMATED NO. OF EQUITY SECURITY HOLDERS - CH 11			
<input type="checkbox"/> 0	<input type="checkbox"/> 1-19	<input type="checkbox"/> 20-99	

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

RECEIPT

Case # 01-50256 tRTL Chapter 7
Filed: 8:33 AM, 01/08/01 Trenton
Judge: Raymond Lyons
Trustee: Andrea Dobin
Debtor(s):
Tonya Key

000137665 - NJ
12:12 PM, January 09, 2001

Code	Qty	Amount
NF	1	\$30.00
07	1	\$170.00

ORIGINAL

First Meeting of Creditors
11:00 AM, January 30, 2001
Trenton - chapter 7
U.S. Courthouse
402 East State Street, Room 129
Trenton, NJ 08608-1507

TOTAL PAID: \$200.00
From: Anna C. Little
300 Kimball Street
Suite 106
Woodbridge, NJ 07095-0000

Name of Debtor Tonya Key

Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached.

☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed	Case Number	Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet.)

Name of Debtor	Case Number	Date

Relationship	District	Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY

X
Signature

Date 12/14/00

INDIVIDUAL /JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X

Signature of Debtor

Date 12/14/00

X

Signature of Joint Debtor

Date

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X

Signature of Authorized Individual

Print or Type Name of Authorized Individual

Title of Individual Authorized by Debtor to File this Petition

Date

EXHIBIT 'A' (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit 'A' is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit 'B' has been completed.

X

Signature of Debtor

Date 12/14/00

X

Signature of Joint Debtor

Date

EXHIBIT 'B' (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney

Date 12/14/00



UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re:

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

Name of Schedule	Attached (Yes No)	Number of sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	Y	1	\$0.00		
B - Personal Property	Y	1	\$6,560.00		
C - Property Claimed as Exempt	Y	1			
D - Creditors Holding Secured Claims	Y	1			
E - Creditors Holding Unsecured Priority Claims	Y	6		\$6,058.28	
F - Creditors Holding Unsecured Nonpriority Claims	Y	1		\$10,000.00	
G - Executory Contracts and Unexpired Leases	Y	1			
H - Codebtors	Y	1			
I - Current Income of Individual Debtor(s)	Y	4			\$1,720.00
J - Current Expenditures of Individual Debtor(s)	Y	1			\$2,082.00
Total Number of Sheets of All Schedules		18			
Total Assets			\$6,560.00		
Total Liabilities				\$16,058.28	

In re:

Debtor(s)

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM

Total -> \$ 0

(Report also on Summary of Schedules.)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.		Account # 101 000 2121691 First Union National Bank, Woodbridge, NJ 07095		\$200.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings including audio, video and computer equipment.		wall unit, dining room set, living room set (1 couch and 1 chair), 2 beds, coffee table, 2 end tables, 3 TV's, 1 night stand, 2 dressers		\$4,360.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.				
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			



In re: Tonya KEY

Debtor(s)

Case No.

(if known)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.	X			
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
13. Interest in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.		Tax refund (taken by Middlesex County for repayment due)		\$1200.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.		1989 Honda Civic		\$800.00
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			
27. Machinery, fixtures, equipment, and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.				
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)				Total -> \$ 6,560.00

0 continuation sheets attached

In re: Tonya KEY

Debtor(s)

Case No.

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☒ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
☐ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
wall unit, dining room set, living room set (1 couch and 1 chair), 2 beds, coffee table, 2 end tables, 3 TV's, 1 night stand, 2 dressers	11 USC 522(b)(1)	\$4360.00	\$4360.00
1989 Honda Civic	11 USC 522(b)(1)	\$800.00	\$800.00
account # 101 00 2121691 First Union National Bank Woodbridge NJ 07095	11 USC 522(b)(1)	\$200.00	\$200.00
personal clothing	11 USC 522(b)(1)	\$1000.00	\$1000.00

In re: Tonya KEY

Debtor(s)

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	COD E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C U D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			
A/C #						
			VALUE \$			

continuation sheets attached

Subtotal ->
(Total of this page)

Total ->
(use only on last page)

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: Tonya KEY

Debtor(s)

Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- ☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- ☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- ☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- ☐ Deposits by individuals
Claims of individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6).
- ☐ Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- ☐ Commitments to Maintain the Capital of an Insured Depository Institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO D E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C U D .	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A/C# dkt# 007449-00 Primus Automotive Financial Serv. c/o Morgan, Bornstein & Morgan 1236 Brace Road, Suite K Cherry Hill, N.J. 08034					\$6,058.28	\$6,058.28
A/C#						
A/C#						
A/C#						
A/C#						
A/C#						

5 Continuation sheets attached.

Subtotal ->
(Total of this page)

\$ 6,058.28

Total ->

\$ 6,058.28

(use only on last page of the completed Schedule E)

* If contingent, enter C; if unliquidated, enter U; if disputer, enter D.

(Report total also on Summary of Schedules)

File No.: 9912766

MORGAN, BORNSTEIN & MORGAN
1236 Brace Road - Suite K
Cherry Hill, NJ 08034
(856) 795-2200

Attorneys for Plaintiff

PRIMUS AUTOMOTIVE FINANCIAL
SERVICES

Plaintiff,

vs.

TONYA D KEY
SS# 149-62-6187

Defendant.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION-MIDDLESEX COUNTY
SPECIAL CIVIL PART

CIVIL ACTION

Docket Number DC-007449-00

CERTIFICATION IN SUPPORT OF
MOTION FOR ORDER ENFORCING
LITIGANT'S RIGHTS

The following certification is made in support of plaintiffs motion for an order enforcing litigant's rights.

1. I am the plaintiff's attorney in this matter.
2. On September 08, 2000, plaintiff obtained a judgment against the defendant Tonya D. Key for \$6,058.28 damages, plus costs.
3. (a) On October 5, 2000, I served an information subpoena and attached questions as permitted by Court Rules on the defendant, by sending it simultaneously by regular and certified mail, return receipt requested to defendant's last known address as shown by the accompanying notice of Motion.

(b) The regular mail has not been returned by the U.S Postal Service.

File No.: 9912766
MORGAN, BORNSTEIN & MORGAN
1236 Brace Road - Suite K
Cherry Hill, NJ 08034
(856) 795-2200
Attorneys for Plaintiff

PRIMUS AUTOMOTIVE FINANCIAL
SERVICES

Plaintiff

vs.

TONYA D KEY
SS# 149-62-6187

Defendant

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION-MIDDLESEX COUNTY
SPECIAL CIVIL PART

CIVIL ACTION

Docket Number DC-007449-00

NOTICE OF MOTION
FOR ORDER ENFORCING
LITIGANT'S RIGHTS

To: Tonya D. Key
4 Quentin Ave.
New Brunswick, NJ 08901-3221

PLEASE TAKE NOTICE that on December 15, 2000 at 9:00AM, I
will apply to the above-named Court located at 56 Patterson
Street, New Brunswick, NJ 08903 for an Order:

1. Adjudicating that you have violated the litigant's
rights of the plaintiff by failure to comply with the Information
Subpoena served upon you.

2. Compelling you to immediately furnish answers as
required by the Information Subpoena.

3. Directing that, if you fail to appear in court on the
date written above, you may be arrested by an Officer of the
Special Civil Part or the Sheriff and confined in the county jail
until you comply with the Information Subpoena.

4. Directing that, if you fail to appear in court on the
date written above, you shall pay the plaintiff's attorney fees
in connection with this motion;

5. Directing that third parties such as banking
institutions, employers, landlords, tenants, attorneys or account
debtors furnish answers to an Information Subpoena that is
subsequently served upon them, due to the defendant's failure to
fully answer the Information Subpoena previously forwarded,
according to R.6:7-2(b)(2).

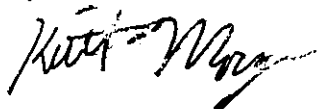
6. Granting such other relief as may be appropriate.

If you have been served with an information subpoena, you may avoid having to appear in court by sending written answers to the questions attached to the information subpoena to me no later than (3) days before the court date.

I will rely on the certification attached hereto.

Pursuant to Rule 1:6-2, plaintiff does not request oral argument, and will rely upon a disposition on the papers.

MORGAN, BORNSTEIN & MORGAN
Attorneys for Plaintiff



By: _____
KEITH B. MORGAN

Dated: November 15, 2000

This is for the purpose of collecting a debt, and any
information received will be used for that purpose.

PCCLR:mhn

(c) Though the certified mailing has been returned by the U.S. Postal Service, it was not returned in a matter that would indicate that the Defendant's address is not valid. It was not returned with any of the following markings by the U.S. Postal Service: "Moved, unable to forward," "Addressee not known," "No such number/street," "Insufficient address," "Forwarding time expired," or in any other matter that would indicate that service was not effected.

4. Defendant has failed to comply with the order or the information subpoena.

5. I request that the Court enter an order enforcing litigant's rights.

6. On November 15, 2000, I served copies of this motion and certification on Tonya D. Key, by sending them simultaneously by regular and certified mail, return receipt requested.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

MORGAN, BORNSTEIN & MORGAN
Attorneys for Plaintiff

By: 

KEITH B. MORGAN

Dated: November 15, 2000
PCELR:mhn

File No.: 9912766
MORGAN, BORNSTEIN & MORGAN
1236 Brace Road - Suite K
Cherry Hill, NJ 08034
(856) 795-2200

Attorneys for Plaintiff

PRIMUS AUTOMOTIVE FINANCIAL SERVICES)	SUPERIOR COURT OF NEW JERSEY
)	LAW DIVISION-MIDDLESEX COUNTY
)	SPECIAL CIVIL PART
Plaintiff,)	CIVIL ACTION
vs.)	
)	Docket Number DC-007449-00
TONYA D KEY)	
SS# 149-62-6187)	
)	
)	<u>ORDER FOR ARREST</u>
Defendant.)	

This matter being opened to the Court on plaintiff's motion for an order enforcing litigant's rights and the defendant having failed to appear on the return date and having failed to comply with the Information Subpoena; previously entered in this case;

IT IS on this day of , 200__ ORDERED and adjudged:

1. Defendant TONYA D KEY SS# 149-62-6187 has violated plaintiff's rights as a litigant;

2. Defendant TONYA D KEY SS# 149-62-6187 shall immediately furnish answers as required by Information Subpoena;

3. If defendant(s) TONYA D KEY SS# 149-62-6187 fail(s) to comply with the Information Subpoena within the next ten (10) days of the certified date of personal service or mailing of this order, a warrant for the defendants TONYA D KEY SS# 149-62-6187 arrest shall issue out of this court without further notice.

PROOF OF SERVICE

J.S.C.

On _____, I served a true copy of this Order on defendant(s) Tonya D. Key by sending it simultaneously by regular and certified mail, return receipt requested to 4 Quentin Ave., New Brunswick, NJ 08901-3221.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED _____

KEITH B. MORGAN

In re: Tonya KEY

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CO DE BT	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
A/C # St. Peters Hospital 654 Easton Ave. New Brunswick, NJ 08901					\$10,000.00
A/C # dkt# 007449-00 Primus Automotive Financial Serv. c/o Morgan, Bornstein & Morgan 1236 Brace Road, Suite K Cherry Hill, NJ 08034					\$6058.28
A/C #					
A/C #					
A/C #					
A/C #					
A/C #					
A/C #					
A/C #					
A/C #					
Subtotal -> (Total of this page)					\$ 16,058.28
Total -> (Report total also on Summary of Schedules)					\$ 16,058.28

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Nonpriority Claims.

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(use only on last page of completed Schedule F.)
 (Report total also on Summary of Schedules)



In re: Tonya KEY

Debtor(s)

Case No.

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



In re: Tonya KEY

Debtor(s)

Case No.

(If known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



In re: Tonya KEY

Debtor(s)

Case No.

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE		
	NAMES	AGE	RELATIONSHIP
single			son
Employment:	DEBTOR		
Occupation			
Name of Employer			
How long employed			
Address of Employer			
	SPOUSE		

Income: (Estimate of average monthly income)

DEBTOR

SPOUSE

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.) \$ 1720.00 \$
Estimate monthly overtime \$ \$
SUBTOTAL \$ \$

LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify)

SUBTOTAL OF PAYROLL DEDUCTIONS \$ \$
TOTAL NET MONTHLY TAKE HOME PAY \$ 1720.00 \$

Regular income from operation of business or profession or farm

(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's

use or that of dependents listed above.

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income (Specify)

TOTAL MONTHLY INCOME \$ 1720.00 \$

TOTAL COMBINED MONTHLY INCOME \$ 1720.00 (Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

DETACH AT THE PERFORATION BELOW

GATX

THIS IS NOT A CHECK

DATE	ADVICE NO.
10/31/2000	0178793

NET PAY

81-101-34

BANK I.D.	BANK ACCOUNT/CHECK NO.	TYPE	AMOUNT
021200025	1010002121691	Checking	\$1,101.34

**DEPOSIT ADVICE/
NON-NEGOTIABLE**

In re: Tonya KEY

Debtor(s)

Case No.

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home) \$ 750.00

Are real estate taxes included? ☐ Yes ☐ No Is property insurance included? ☐ Yes ☐ No

Utilities Electricity and heating fuel \$70.00

Water and sewer \$250.00

Telephone \$58.00

Other cable TV \$301.00

child care.....

Home maintenance (repairs and upkeep) \$301.00

Food \$172.00

Clothing \$130.00

Laundry and dry cleaning \$50.00

Medical and dental expenses \$130.00

Transportation (not including car payments) \$50.00

Recreation, clubs and entertainment, newspapers, magazines, etc.

Charitable contributions

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's

Life

Health

Auto \$ 130.00

Other

Social Services reimbursement..... \$50.00

Taxes (not deducted from wages or included in home mortgage payments)
(Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto

Other

Alimony, maintenance, and support paid to others

Payments for support of additional dependents not living at your home

Regular expenses from operation of business, profession, or farm (attach detailed statement)

Other

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 2082.00

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$

B. Total projected monthly expenses \$

C. Excess income (A minus B) \$

D. Total amount to be paid into plan each \$
(interval)

In re: Tonya KEY

Debtor(s)

Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1.)

Date 12/14/00

Signature: 

Debtor

Date

Signature: _____

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.
(Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re: Tonya KEY

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☐ None 1. Income from Employment or Operation of Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal year rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

2000 16,407.24
1999 22,776.00

Give AMOUNT and SOURCE (if more than one).

☒ None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☐ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

Docket # DC 007449-00

Primus Automotive Financial Services v. Tonya D. Key
Superior Court, Middlesex County, Special Civil Part

CO	DEPT	NAME	ID	SOC SEC NUMBER	PERIOD	ADVICE	ADVICE
GTC	GTC-Cartrt	Tonya D Key		169-62-6187	12/23/2000		
EARNINGS			TAKES				
DESCRIPTION	HOURS	AMOUNT	DEBIT	CURR AMT	YTD		
Base Pay		1,333.33	PLT	103.49	1,450.08	*GTC-Cartrt	
Group Life		0.56	FICA	81.04	1,000.94	*GTC-Cartrt	
			MED	18.95	234.09	*Depos TX	
			NJSWT	18.38	253.16	*Vital TX	
			NJWFD	0.33	0.33	*401K	
			NJU	2.66	2.66		
FED TAX DATA			* This amount affects taxable gross.				
Marital Status: Single							
Allowances: 6							
Add'l Amount: 0.00			PLEASE RETAIN THIS STUB FOR YOUR RECORDS				
	GROSS	FWT	FICA/MED	SWT	STATE/OTHR	LOCAL	NET
CURRENT	1,333.33	103.49	99.99	18.38	2.99	0.00	988.95
YTD	16,407.24	1,450.08	1,235.03	253.16	36.91	0.00	12,634.18

DETACH AT THE PERFORATION BELOW

THIS IS NOT A CHECK

GATXGATX Corporation
500 West Monroe
Chicago, IL 60661-3676

DATE	ADVICE NO.
12/29/2000	0184857

NET PAY
\$988.95

Tonya D Key
4 Quentin Avenue
New Brunswick, NJ 08901

BANK I.D.	BANK ACCOUNT/HRCK NO.	TYPE	AMOUNT
021200025	1010002121691	Checking	\$988.95

DEPOSIT ADVICE/
NON-NEGOTIABLE

Declaration Control Number (DCN)

00 - 2 2 3 7 1 0 - 0

IRS Use Only - Do not write or staple in this space

Form **8453****U.S. Individual Income Tax Declaration**
for an IRS e-file Return

For the year January 1 - December 31, 1999

▶ See instructions.

OMB No. 1545-0936

1999Department of the Treasury
Internal Revenue ServiceUse the
IRS label.
Otherwise,
please
print or
type.

L A B E L H E R E	Your first name and initial TONYA	Last name KEY	
	If a joint return, spouse's first name and initial	Last name	
	Home address (number and street). If you have a P.O. box, see instructions 4 QUENTIN AV		Apt. no.
	City, town or post office, state, and ZIP code NEW BRUNSWICK, NJ 08901		

Your social security number
149-62-6187

Spouse's social security no.

▲ IMPORTANT! ▲
You must enter
your SSN(s) above.
Telephone number (optional)

Part I Tax Return Information (Whole dollars only)			
1	Total income (Form 1040, line 22; Form 1040A, line 14; Form 1040EZ, line 4)	1	22,776
2	Total tax (Form 1040, line 56; Form 1040A, line 34; Form 1040EZ, line 10)	2	1,139
3	Federal income tax withheld (Form 1040, line 57; Form 1040A, line 35; Form 1040EZ, line 7)	3	2,649
4	Refund (Form 1040, line 66a; Form 1040A, line 41a; Form 1040EZ, line 11a)	4	2,174
5	Amount you owe (Form 1040, line 68; Form 1040A, line 43; Form 1040EZ, line 12)	5	

Part II Declaration of Taxpayer (Sign only after Part I is completed.)

- a** ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 1999 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- b** ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- c** ☐ I authorize the U.S. Treasury and its designated Financial Agents to initiate an ACH debit (automatic withdrawal) entry to my financial institution account indicated for payment of my federal taxes owed, and my financial institution to debit the entry to my account. This authorization is to remain in full force and effect until the U.S. Treasury's Financial Agents receive notification from me of the termination. To revoke this payment authorization, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 1999 Federal income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection, and, if I am applying for a refund and/or a loan or similar product, an indication of a refund offset. If the processing of my return or refund is delayed, I authorize the IRS to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent.

Sign
Here**COPY ONLY**

Your signature

Date

COPY ONLY

Spouse's signature If a joint return, BOTH must sign Date

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 1345, Handbook for Electronic Return Originators of Individual Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed) and address	H AND R BLOCK ROUTE 1 SOUTH NEW BRUNSWICK, NJ	01/18/2000		EIN 43-1632899 ZIP code 08901-0000

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address			EIN ZIP code

KBA For Paperwork Reduction Act Notice, see instructions.

Form 8453 (1999)

Form 8453 (1999)

FD8453D-1V1.91

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DEC-29-2000 08:56

7329695729

94%

P. 03

NJ- 1040/HR- 1040 (1999)

Social Security Number 149-62-6187

Name KEY TONYA

NOTE: AN ENTRY ON LINES 51, 52, 53, 54, 55 AND/OR 56 WILL REDUCE YOUR TAX REFUND.

50. Amount of Overpayment (From Line 49, Page 2)		50	109
Deductions from Overpayment on Line 50 which you elect to credit to:			
51. Your 2000 tax		51	
52. The N.J. Endangered Wildlife Fund	\$5 \$10 Other	52	
53. N.J. Children's Trust Fund to Prevent Child Abuse	\$5 \$10 Other	53	
54. The N.J. Vietnam Veterans' Memorial Fund	\$5 \$10 Other	54	
55. N.J. Breast Cancer Research Fund	\$5 \$10 Other	55	
56. U.S.S. New Jersey Educational Museum Fund	\$5 \$10 Other	56	
57. Total Deductions from Overpayment (Add Lines 51 through 56)		57	
58. REFUND (Amount to be sent to you. Line 50 LESS Line 57)		58	109

Schedule 1 - Property Tax Deduction/Credit

Complete both columns of this schedule to find out whether the Property Tax Deduction or the Property Tax Credit is better for you.

Do not complete this schedule if you claim a credit for taxes paid to other jurisdictions. Complete Schedule A.

1. Property Tax. Enter the property tax you paid in 1999. Renters enter 18% of rent paid in 1999. See instructions. 1. 1,728
2. Property Tax Deduction. Enter Line 1 or \$10,000, whichever is less. 2. 1,728
- Also enter this amount on Line 4 below. See instructions.

3. Taxable Income (Copy from Line 34 of your NJ- 1040)
4. Property Tax Deduction (Copy from Line 2 of this schedule)
5. Taxable Income After Property Tax Deduction (Subtract Line 4 from Line 3)
6. Tax you would pay on Line 5 amount (Go to Tax Tables or Tax Rate Schedules and enter amount)
7. Now, subtract Line 6, Column A, from Line 6 Column B and enter the result here.

	Column A		Column B
3.	20,276	3.	20,276
4.	1,728	4.	-0-
5.	18,548	5.	20,276
6.	259	6.	285
		7.	26

Is this amount \$50 or more?

- ☐ Yes. You receive a greater tax benefit by taking the Property Tax Deduction. Enter the amount of Line 4 of this worksheet on Line 35 of Form NJ- 1040. Make no entry on Line 43 of Form NJ- 1040 and complete the balance of the return.
- ☒ No. You receive a greater tax benefit by taking the Property Tax Credit. Enter \$50 on Line 43 of Form NJ- 1040. Make no entry on Line 35 of Form NJ- 1040 and complete the balance of the return. See instructions.

1999 HR- 1040 HOMESTEAD REBATE APPLICATION

7. Were you (and/or your spouse) age 65 or over, blind or disabled as of December 31, 1999? ☐ Yes ☒ No

8. Enter the GROSS INCOME you reported on Line 29, Form NJ- 1040 or see instructions. 8. 22,776

9. If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse's return (Line 29, Form NJ- 1040) and check this box ☐ 9. 22,776

10. TOTAL GROSS INCOME (Add Line 8 and Line 9) 10. 22,776

STOP - IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A REBATE.

11. Enter your New Jersey residence on Dec. 31, 1999 if different than above. If you were not a resident on Dec. 31, 1999 enter your last New Jersey residence.
Street Address _____ Municipality _____

12. Check your residency status during 1999: a. ☐ Homeowner b. ☒ Tenant c. ☐ Both

13. If you checked "Homeowner" or "Both" on line 12, enter the block and lot number of the residence for which the rebate is claimed
Block _____ Lot _____ Qualifier _____

14a. Did you live at more than one New Jersey residence during the year? ☐ Yes ☒ No

b. Did you share ownership of a principal residence during the year with anyone, other than your spouse? ☐ Yes ☒ No

c. Did any principal residence owned during the year consist of multiple dwelling units? ☐ Yes ☒ No

d. Did anyone, other than your spouse occupy & share rent with you for an apartment or other rental dwelling during the year? ☐ Yes ☒ No

Home 15. Total 1999 property taxes you (& your spouse) paid on your principal residence in NJ during 1999. 15. 9,600

Owner 16a. Total Property taxes paid (Sch. HR- A, PART I, Line 5) 16a. _____

16b. Number of days as an owner (Sch. HR- A, PART I, Line 4) 16b. _____

17. Enter total rent you (and your spouse) paid on your principal residence in NJ during 1999. 17. 9,600

Tenant 18a. Total Rent paid (Sch. HR- A, PART II, Line 11) 18a. _____

18b. Number of days as a tenant (Sch. HR- A, PART II, Line 10) 18b. _____

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☒Form NJ- 1040 (1999) NJ1040- 3V1.11
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Form

Department of the Treasury Internal Revenue Service

Page 25 of 35

1040A

U.S. Individual Income Tax Return

1999

IRS Use Only - Do not write or stamp in this space.

OMB No. 1545-0085

Label

(See pg 19)

Use the
IRS label.
Otherwise,
please print
or type.L
A
B
E
L
H
E
R
E

TONYA KEY
4 QUENTIN AV
NEW BRUNSWICK, NJ 08901

Your social security number

149-62-6187

Spouse's social security number

▲ IMPORTANT! ▲

You must enter your
SSN(s) above.Note: Checking "Yes" will
not change your tax or
reduce your refund.

Presidential Election Campaign Fund (See page 20.)

Do you want \$3 to go to this fund?

Yes	No
	X

If a joint return, does your spouse want \$3 to go to this fund?

Filing
status

- 1 ☐ Single
2 ☐ Married filing joint return (even if only one had income)
3 ☐ Married filing separate return. Enter spouse's social security number
above and full name here.

Check only
one box.

- 4 ☒ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child
but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19) (See page 22.)

Exemptions

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax
return, do not check box 6a.

No. of boxes
checked on
6a and 6b

1

- b ☐ Spouse
c Dependents:

If more than
seven
dependents,
see page 22(1) First name Last name
TYZHAN SUMMERS(2) Dependent's social
security number

138-98-8577

(3) Dependent's
relationship to
you

SON

(4) ☒ If qual.
child for child
tax credit (see
page 23)No. of your
children on
6c who:• lived with
you

1

• did not live
with you due
to divorce or
separation
(see page 24)Dependents
on 6c not
entered aboveAdd number
entered on
lines above

2

d Total number of exemptions claimed.

Income

Attach
Copy B of
your Form(s)
W-2 here.
Also attach
Form(s)
1099-R if tax
was withheld.If you did not
get a W-2, see
page 25.Enclose, but do
not staple, any
payment.

7	Wages, salaries, tips	7	22,776.
8a	Taxable interest. Attach Schedule 1 if required.	8a	
b	Tax-exempt interest. DO NOT include on line 8a.	b	
9	Ordinary dividends. Attach Schedule 1 if required.	9	
10a	Total IRA distributions.	10a	
10b	Taxable amount (see page 25)	10b	
11a	Total pensions and annuities.	11a	
11b	Taxable amount (see page 26)	11b	
12	Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.	12	
13a	Social security benefits.	13a	
13b	Taxable amount (see page 28)	13b	
14	Add lines 7 through 13b (far right column). This is your total income.	14	22,776.
15	IRA deduction (see page 30).	15	
16	Student loan interest deduction (see page 30).	16	
17	Add lines 15 and 16. These are your total adjustments.	17	
18	Subtract line 17 from line 14. This is your adjusted gross income.	18	22,776.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 53.

Form 1040A (1999)

Taxable income

19 Enter the amount from line 18.

20a Check ☐ You were 65 or older ☐ Blind ☐ Enter number of boxes checked ☐ 20a ☐
if ☐ Spouse was 65 or older ☐ Blind ☐

b If you are married filing separately and your spouse itemizes deductions, see page 32 and check here ☐ 20b ☐

21 Enter the standard deduction for your filing status. But see page 33 if you checked any box on line 20a or 20b OR if someone can claim you as a dependent.

• Single- \$4,300	• Married filing jointly or Qualifying widow(er)- \$7,200	21	6,350.
• Head of household- \$6,350	• Married filing separately- \$3,600	22	16,426.

22 Subtract line 21 from line 19. If line 22 is more than line 19, enter -0- 23 5,500.

23 Multiply \$2,750 by the total number of exemptions claimed on line 6d. 23

24 Subtract line 23 from line 22. If line 23 is more than line 22, enter -0- 24 10,926.

This is your taxable income. 25 1,639.

Tax, credits, and payments

25 Find the tax on the amount on line 24 (see page 34).

26 Credit for child and dependent care expenses. Attach Schedule 2. 26

27 Credit for the elderly or the disabled. Attach Schedule 3. 27 500.

28 Child tax credit (see page 35). 28

29 Education credits. Attach Form 8863. 29

30 Adoption credit. Attach Form 8839. 30

31 Add lines 26 through 30. These are your total credits. 31 500.

32 Subtract line 31 from line 25. If line 31 is more than line 25, enter -0- 32 1,139.

33 Advance earned income credit payments from Form W-2. 33

34 Add lines 32 and 33. This is your total tax. 34 1,139.

35 Total Federal income tax withheld from Forms W-2 and 1099. 35 2,649.

36 1999 estimated tax payments and amount applied from 1998 return. 36

37a Earned income credit. Attach Schedule EIC if you have a qualifying child. 37a 664.

b Nontaxable earned income amount. 38

38 Additional child tax credit. Attach Form 8812. 38

39 Add lines 35, 36, 37a, and 38. These are your total payments. 39 3,313.

Refund

Have it directly deposited! See page 47 and fill in 41b, 41c, and 41d

40 If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you overpaid. 40 2,174.

41a Amount of line 40 you want refunded to you. 41a 2,174.

b Routing number 031100254 c Type: ☒ Checking ☐ Savings

d Account number 90047916149626187

42 Amount of line 40 you want applied to your 2000 estimated tax. 42

Amount you owe

43 If line 34 is more than line 39, subtract line 39 from line 34. This is the amount you owe. For details on how to pay, see page 45. 43

44 Estimated tax penalty (see page 45). 44

Sign here

Joint return? See page 20. Keep a copy for your records

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature For Info Only-Do not file	Date	Your occupation CUSTOMER REP	Daytime telephone number (optional)
Spouse's signature. If a joint return, BOTH must sign. For Info Only-Do not file	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature	Date 1/18/00	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	H AND R BLOCK NEW BRUNSWICK, NJ		EIN 43-1632899 ZIP code 08901-0000

KBA

Form 1040A (1999)

Schedule EIC
(Form 1040A or 1040)Converted from **Earned Income Credit**
Qualifying Child Information**1999**Attachment
Sequence No. 43Department of the Treasury
Internal Revenue Service (99)Complete and attach to Form 1040A or 1040
only if you have a qualifying child.Your social security number
149-62-6187Name(s) shown on return
TONYA KEY**Before you begin:**See the instructions for Form 1040A, lines 37a and 37b, or Form 1040, lines 59a and 59b,
to make sure that (1) you can take the EIC and (2) you have a qualifying child.**CAUTION**

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- If you do not enter the child's correct social security number on line 4, at the time we process your return, we may reduce or disallow your EIC.

Qualifying Child Information

Child 1

Child 2

	First name	Last name	First name	Last name
1 Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	TYZHAN SUMMERS			
2 Child's year of birth	Year 1995 If born after 1980, skip lines 3a and 3b; go to line 4.		Year _____ If born after 1980, skip lines 3a and 3b; go to line 4.	
3 If the child was born before 1981 - a Was the child under age 24 at the end of 1999 and a student?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 4. Continue		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Go to line 4. Continue	
b Was the child permanently and totally disabled during any part of 1999?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. Continue The child is not a qualifying child.	
4 Child's social security number (SSN) The child must have an SSN as defined on page 42 of the Form 1040A instructions or page 41 of the Form 1040 instructions unless the child was born and died in 1999. If your child was born and died in 1999 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	138-98-8577			
5 Child's relationship to you (for example, son, daughter, grandchild, foster child, etc.)	SON			
6 Number of months child lived with you in the United States during 1999 • If the child lived with you for more than half of 1999 but less than 7 months, enter "7". • If the child was born or died in 1999 and your home was the child's home for the entire time he or she was alive during 1999, enter "12".	12 months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

Do you want part of the EIC added to your take-home pay in 2000?
To see if you qualify, get Form W-5 from your employer
or by calling the IRS at 1-800-TAX-FORM (1-800-829-3676).KBA For Paperwork Reduction Act Notice, see Form 1040A
or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 1999

Sch EIC (1999) FDEIC: 1V1.31
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immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 5. Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receiverships

☒ None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS OF ASSIGNMENT OR SETTLEMENT.

☒ None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, and DESCRIPTION AND VALUE OF GIFT.

☒ None 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE. GIVE PARTICULARS and DATE OF LOSS.

☐ None 9. Payments Related to Debt Counseling or Bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

Give NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR and AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

☒ None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR, DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED.

Anna C. Little, Esq. \$750.00

☒ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

☒ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.
Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☒ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.
Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 12/14/00

Signature of Debtor *Infant Key*

Date _____

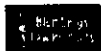
Signature of Joint Debtor (if any) _____

5

continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

3076 3A ©1991 Julian H. Lumberg, Inc.



UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re: Tonya KEY

Debtor(s)

Case No.

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. My intention with respect to the property of the estate which secures those consumer debts is as follows:

a. Property to Be Surrendered.

Description of property	Creditor's name	H, W or J
NONE		


b. Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)


Description of property	Creditor's name	Reaff'd Red'd Exempt
Wall Unit, dining room set, living room set (1 couch and 1 chair), 2 beds, coffee table, 2 end tables, 3 tv's, 1 night stand, 2 dressers		exempt
1989 Honda Civic		exempt
Account #101002121691 First Union National Bank Woodbridge, NJ 07095		exempt
Personal Clothing		exempt

3. I understand that § 521(2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date: 12/14/00

- * Reaff'd - Debt will be reaffirmed pursuant to § 524(c)
- Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722
- Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt


Signature of Debtor


Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Debtor(s) Case No. (If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ weekly — bi-weekly — semi-monthly — monthly for a period of

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated:

Acceptances may be mailed to

Post Office Address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEW JERSEY

In re Tonya KEY

Debtor(s)

Case No.

(If Known)

STATEMENT
Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 750.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 0.00
 - (c) the unpaid balance due and payable is \$ 750.00
- (3) \$ 200.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.

And none other.

- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

none other.

- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

none other.

- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:

nothing.

- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

not applicable.

Dated: 12/14/00

Respectfully submitted,



Attorney for Petitioner

Attorney's name and address: Anna C. Little, Esq., 300 Kimball Street, suite 106, Woodbridge, NJ 07095

BK 122
(8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or
Chapter 11—Reorganization, or
Chapter 13—Adjustment of Debts of an Individual
with Regular Income


If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

DATED: 12/14/00


Debtor

Joint Debtor, if any

INSTRUCTIONS: *If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.*

Anna C. Little, Esq.

Attorney at Law

*c/o John A. Tunney, Esq.
300 Kimball Street, suite 106
Woodbridge, NJ 07095
(732) 636-4900 telephone
(732) 636-3755 facsimile*

January 3, 2001

Clerk of the Bankruptcy Court
United States Courthouse
402 East State Street
Trenton NJ 08608

RE: Tonya KEY - ch 7
SS# 149-62-6187
Any ID 1358AL

Dear Clerk:

Enclosed please find original and six copies of Petition for Bankruptcy in the above referenced matter. Enclosed also find original and six(6) copies of creditor's matrix and check in amount of \$200.00 for payment of your filing fee.

Kindly mark one copy "filed" with the date of filing and return in the enclosed return envelope.

Thank you in advance for your cooperation.

Very Truly Yours,

Anna C. Little, Esq.

Anna C. Little, Esq.

VIA CERTIFIED MAIL/RRR
cc: Tonya KEY

St. Peters Hospital
254 Easton Avenue
New Brunswick, NJ 08901

Primus Automotive Financial Services
c/o Morgan, Bornstein & Morgan
1236 Brace Road, Suite K
Cherry Hill, NJ 08034

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Cherry Hill, NJ 08034